

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34762

FILED OCT 18 1948

318

Registration District No.

1003

State File No.

8655

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME LYLA RICHARDSON THOMPSON.

3. (b) If veteran, name war None. 3. (c) Social Security No. No.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Divorced.

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. September 15 1905.
(Month) (Day) (Year)

8. AGE: Years 43. Months 0. Days 18. If less than one day hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Artist.

11. Industry or business.

MOTHER FATHER { 12. Name Harry H. Richardson.
13. Birthplace Aurora, Illinois.
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Purkapple.
15. Birthplace Petersburg, Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Richardson.
(b) Address 7012 Waterman Ave.
17. (a) Cremation. (b) Date thereof 10/5/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blvd.

19. (a) OCT 4 1948 (Date received local registrar) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.
(c) City or town University City 5,
(If outside city or town limits, write "RURAL")
(d) Street No. 7012 Waterman Avenue,
N.R. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd,
year 1948. hour 4. 00 minute 4. M.

21. I hereby certify that I attended the deceased from
May 20, 1940, to OCT. 3, 1948.
that I last saw him alive on OCT 2, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death. Subarachnoid Hemorrhage
of the Brain Duration 5 days

Due to General Arteriosclerosis
Due to Arterial Hypertension

Other conditions Cerebral Hemorrhage May 1940
(Include pregnancy within 3 months of death)

Major findings: 88
Of operations 88
Of autopsy Bleed in entire subarachnoid space
old scars in left cerebral hemisphere

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Hiamp. Pugh (M. D. or other) M.D.
Address 3720 Washington Date signed 10/4/48

Dr Hiram S. Liggett.
3720 Washington Blvd.,

82 1551

1130 - 7/10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.